PLACE OF BIRTH	ARIZONA	STATE	30ARD	OF HE	ALTH
County of	BUREAU O	VITAL STATIST	rics.	State Ind	. A
District of Musical	ORIGINAL CE	RTIFICATE O	ידמום ז	Co. Regist	0
Town of Windsternan,		IOATE O	DINIA.	=	
City of				Local Registr	ar's No
•	(No		St;		Wa
FULL NAME OF CHILD.				\ Bor	
If child is not named, make Supplemental	Report on blank ob	toinable form to		Aliv	,
Sex of / Twin,	Numbs		7	2 2 4	
Child Terrole Triplet or other	and in ord	matagula	Date of Birth	ルC. イケ Ionth) (Day	(yr
Full Name FATHER		Full Maiden	MOTHER	4	
untino sojes		Name J	a Esc	alani	*
Residence Wunkleman.		Residence M/	illen	ran	
or Race Mexican Age at 1 Birthday		Color or Race Me	Virain	Age at las	t <i>3</i> /
Birthplace Mexico.		Birthplace	u.S.		(102
Occupation Rancher.		Occupation	Jousen	rle	
Number of child of this mother 9 th Number of children,	of this mother, now living	Were pre	cautions taken agains	t Ophthalmia neonator	um? Ye
CERTIFICATE O	F ATTENDING	PHYSICIAN	OR MIDV	VIFE*	
I hereby certify that I attended the bir	th of above child; a	ınd that it occur	red on Dic.	24 1913	. at/0 P
*When there is no attending physic- ian or midwife, then the householder should make this return.	(Si	gnature) (Attend	U , L ling physician	. Man	des,
Given or christian name added from a	•	Address,	Nirble	sicase, i	lerin
supplemental report191	Filed	_191	43	nouse	an
039-1224-355	Filed Tello	A True (BULL	CAL REGIST	RAR.
COUNTY REGISTRAR.	_	•••	COL	INTY REGIST	RAR

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